Application or Docket Number

KOJIM - 417

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I												
			(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			8		And the second of the second o			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			6 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PI			RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						ı				OTHER THAN OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 12	Minus	. (0	=		X\$ 9=		OR	X\$18=	
	Independent	• /	Minus	··· /	,	=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDEN	CLAIM		' [+135=		OR	+270=	
	-							TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDII. FEE (•	ADDIT. 1 CC	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	11	X40≂		OR	X80=	
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDENT	CLAIM		' [+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	•	Minus	••		=] [X\$ 9=		OR	X\$18=	
	Independent		Minus	•••	- 2	<u> </u>		X40=		OR	X80=	
لــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										ا م	TOTAL	
•••	If the "Highest Nu	mber Previously Pai	aid For IN THI	S SPACE i	is less tha	n 3, enter "3."		_	cod etaingore	•	ADDIT. FEE I umn 1.	